

SERFF Tracking Number:	LBRM-125560739	State:	Arkansas
Filing Company:	Bridgefield Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-WC-AR-0435		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	BCIC AR TRIPRA Notice		
Project Name/Number:	BCIC AR TRIPRA Notice/08-WC-AR-0435		

Filing at a Glance

Company: Bridgefield Casualty Insurance Company

Product Name: BCIC AR TRIPRA Notice	SERFF Tr Num: LBRM-125560739	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08-WC-AR-0435	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Ethel Lee, Liz McCarty	Disposition Date: 03/21/2008
	Date Submitted: 03/20/2008	Disposition Status: Approved
Effective Date Requested (New): 12/26/2007		Effective Date (New): 12/26/2007
Effective Date Requested (Renewal): 12/26/2007		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: BCIC AR TRIPRA Notice	Status of Filing in Domicile: Not Filed
Project Number: 08-WC-AR-0435	Domicile Status Comments: n/a
Reference Organization:	Reference Number: Bulletin No. 1-2008
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/21/2008	
State Status Changed: 03/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

This filing serves as the information filing of the Terrorism Insurance Premium Notice, ST-ML-506. The Terrorism Insurance Premium Notice will be sent with all quotes for new business with effective dates on or after December 26, 2007.

Company and Contact

Filing Contact Information

SERFF Tracking Number: LBRM-125560739 State: Arkansas
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Product Name: BCIC AR TRIPRA Notice
Project Name/Number: BCIC AR TRIPRA Notice/08-WC-AR-0435

Liz McCarty, Business Analyst II liz.mccarty@summitholdings.com
2310 Commerce Point Drive (800) 282-7648 [Phone]
Lakeland, FL 33801 (863) 667-2738[FAX]

Filing Company Information

Bridgefield Casualty Insurance Company CoCode: 10335 State of Domicile: Florida
2310 Commerce Point Drive Group Code: 111 Company Type: Property &
Lakeland, FL 33801 Group Name: Liberty Mutual Agcy State ID Number:
(800) 282-7648 ext. [Phone] Mkts
FEIN Number: 59-3269531

<i>SERFF Tracking Number:</i>	<i>LBRM-125560739</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bridgefield Casualty Insurance Company	\$50.00	03/20/2008	18820190

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/21/2008	03/21/2008

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Disposition

Disposition Date: 03/21/2008

Effective Date (New): 12/26/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing	Approved	Yes
Form	Terrorism Insurance Premium Notice	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Insurance Premium Notice	ST-ML-506	(01/08)	Disclosure/ New Notice			TRIPRA Disclosure Notice with Table Rev 3-18-08.pdf

TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” **AND** that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

PREMIUM DISCLOSURE STATEMENT

Your policy/insuring agreement does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy/insuring agreement.

THE PREMIUM CHARGE(S) FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE OR PREMIUM SUMMARY STATEMENT, AN EXTENSION OF THE DECLARATIONS PAGE IF THIS NOTICE IS ATTACHED TO YOUR POLICY, NEXT TO THE SEPARATE LINE ITEM CHARGE(S) FOR “FOREIGN TERRORISM” OR “TERRORISM”, AND WHERE APPLICABLE, “CATASTROPHE CHARGE.”

The percentage (by state) of the rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (Catastrophe Charge) that is attributable to Domestic Terrorism is:

15%	AR, OR, TN, UT
20%	NJ, NV, SC
27.5%	DE
30%	AL, AZ, CT, CO, GA, IA, ID, IN, KS, KY, LA, ME, MS, MT, NC, NE, NH, OK, RI, SD, VT, WI, WV
39.76%	PA
55%	DC, IL, MD, NY
N/A	AK, CA, FL, HI, OH, MA, MI, MN, MO, ND, NM, TX, VA, WA, WY

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

	Review Status:	
Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Approved 03/21/2008
Bypass Reason:	n/a - See attached Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing	
Comments:		

	Review Status:	
Satisfied -Name:	Filing Memorandum	Approved 03/21/2008
Comments:		
Attachment:	Filing Memorandum 08-WC-AR-0435.pdf	

	Review Status:	
Satisfied -Name:	Cover Letter	Approved 03/21/2008
Comments:		
Attachment:	08-WC-AR-0435 ltr.pdf	

	Review Status:	
Satisfied -Name:	Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing	Approved 03/21/2008
Comments:		
Attachment:	08-WC-AR-0435 exp trans.pdf	

Filing Memorandum
Bridgefield Casualty Insurance Company
08-WC-AR-0435

Purpose

This filing serves as the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506 (01/08).

Proposal

Bridgefield Casualty Insurance Company (BCIC) is proposing to use the attached Terrorism Insurance Premium Notice, ST-ML-506.

The Terrorism Insurance Premium Notice will be sent with all quotes for new business with effective dates on or after December 26, 2007.

Impact

This filing will not affect current premium levels.

Proposed Effective Date

Bridgefield Casualty Insurance Company proposes an effective date of December 26, 2007.



SOUTHWEST REGION

P.O. BOX 80439 ■ BATON ROUGE, LA 70898-0439
(225) 926-3264 ■ 1-800-421-2944
FAX (225) 926-4102

FLORIDA

P.O. BOX 988 ■ LAKELAND, FL 33802-0988
(863) 665-6060 ■ 1-800-282-7648
FAX (863) 666-1958

SOUTHEAST REGION

P.O. BOX 600 ■ GAINESVILLE, GA 30503-0600
(678) 450-5825 ■ 1-800-971-2667
FAX (770) 531-1349

March 20, 2008

Ms. Julie Benefield Bowman
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Bridgefield Casualty Insurance Company
Workers Compensation Insurance
Terrorism Insurance Premium Notice, ST-ML-506 (01/08)
NAIC Number: 0111-10335
BCIC Filing Number: 08-WC-AR-0435

Dear Ms. Bowman:

This filing serves as the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506.
This filing includes the following information:

1. A filing memorandum
2. Expedited Filing Transmittal Document
3. The Terrorism Insurance Premium Disclosure Notice, ST-ML-506 (01/08).

To the best of my knowledge, the filing submitted is in compliance with the provisions of the insurance laws and rules and regulations of the State of Arkansas.

If you should have any questions, do not hesitate to contact me at 1-800-282-7648.

Sincerely,

Robert A. Laramore
Director of Regulation & Reinsurance
Summit Consulting, Inc.,
Managing General Agent

RAL:lm

Enclosures

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing

- ☐ Filing Related to *Certified Losses*
☐ Filing Related to *Non-Certified Losses*
☐ Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Bridgefield Casualty Insurance Company	FL	0111-10335	59-3269531

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Mr. Robert A. Laramore Director of Regulations & Reinsurance Summit Consulting, Inc., MGA	1-800-282-7648	863-667-7218	bob.laramore@ summitholdings.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation
Filing Type ** see note below	Form (TRIPRA Disclosure Notice) – Informational Purposes Only
This application is used with:	
Effective Date Requested	12/26/2007
Filing date	03/19/2008
Company Tracking Number	08-WC-AR-0435
Date filing approved in domiciliary state, if applicable	N/A

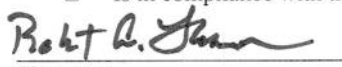
	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Terrorism Insurance Premium Notice	ST-MS-506 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.


Signature

Robert A. Laramore
Print Name:

Director of Regulations & Reinsurance
Title: